EDITOR’S PERSPECTIVE

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Where is Our Rockefeller?

During one of his frequent visits to his osteopath in the early 1900’s, John D. Rockefeller, Sr. remarked as the osteopath cavitated his spine: "Listen to that, doctor. They say I control all the oil in the country and I haven't enough even to oil my own joints." Yes, Rockefeller was a devotee of manipulation and massage and even remarked that his osteopathic manipulations allowed him to "do two or three times as much work."

Rockefeller was also a proponent of homeopathy and just so happened to have a homeopath as a close personal friend and golfing partner named Dr. Hamilton Biggar. Rockefeller's interest in healthcare stemmed from his preoccupation with his own bodily health and this preoccupation coupled with a need to pursue philanthropic causes was a fortunate, though not necessarily welcomed at the time, combination for organized medicine.

The Rockefeller Institute for Medical Research (RIMR) was founded in 1901 at the behest of Frederick T. Gates, a Baptist Minister who had worked for Rockefeller since 1888. Gates oversaw the Rockefeller philanthropies and in 1897 had read William Osler's text: Principles and Practice of Medicine just prior to overcoming a serious illness. Both alerted Gates to the backward state of medicine at the time. Gates enthusiastically encouraged Rockefeller to establish a medical research institute, though most physicians they spoke to did not think the country contained enough scientifically talented people to begin such an endeavor. The rest is history as the promotion of medical science ended up forming the common denominator of Rockefeller's foundations.

The first Director of the RIMR was Simon Flexner, brother of Abraham Flexner who was the author of the report: Medical Education in the United States and Canada. Yes, that's the same Flexner Report that led to the closing of over one hundred medical schools and helped pave the way for the changing of medical, osteopathic and chiropractic education. And despite Rockefeller's love of homeopathy and his allegiance to his friend, the Flexner Report was the final blow to homeopathic schools.

Abraham Flexner soon joined the Rockefeller staff and by the time he left in 1928 Rockefeller had given more than one billion dollars (in today's money) to create a revolution in medical education through another of his philanthropic endeavors called the General Education Board. This does not include the billions given through the RIMR to further medical research. In 1965 the name of the RIMR was changed to Rockefeller University and by the 1970's had come to house sixteen Nobel Prize winners.

What does this have to do with chiropractic? Nothing, and that's the problem. We don't have a Rockefeller and we never did. And except for a few instances we haven't matured to the point where we understand or accept the importance of research to our future, never mind the present. Oftentimes it appears our profession doesn't even care.

The paltry number of chiropractors who subscribe to peer reviewed chiropractic literature is frightening and the amount of research coming out of the schools, though growing, is in its infancy. Pare it down even further to look at the amount of research that is subluxation-based and it causes a shudder.

During the early years of chiropractic we were not alone as osteopathy, allopathy and other forms of health care were also struggling to legitimize themselves, develop standards for education and win public support. Formal research did not play as crucial a role for any of these professions including chiropractic. Luckily for medicine it had Rockefeller to take it kicking and screaming against its will out of the dark ages. Despite his use of homeopathy, osteopathy and other forms of what we now call "alternative" health care, his Institute had an agenda to research medical science.

During the middle years of the growth of the chiropractic profession, our focus turned to gaining licensure, insurance reimbursement and federal recognition. A great deal of the profession's efforts and resources went toward these battles. Third party reimbursement started flowing in, IME's were pretty much unheard of and the profession went through a period where, if you sent in a bill, you got paid — no questions asked. Wallowing in the luxury of someone else paying the tab and not being held accountable, we again ignored our responsibility towards research.

So, there has never been, and there is not today, a serious commitment to chiropractic research by our own profession. In large part this is because there is little money available or to be made in this aspect of chiropractic and this includes the measly amount coming out of the Federal Government these days. All the love and
determination to chiropractic in the world will not pay the student loans of a young graduate who seeks to study what it is we do. After over 100 years of existence our profession has yet to develop a cadre of professional chiropractic researchers and it has yet to provide the lure of job security and remuneration in this realm that might attract and keep them.

At this point what remains for chiropractic to accomplish legitimization is for it to fulfill its responsibility to study, in-depth, the basis for its existence. For now there is no better trained practitioner in conservative spinal, hands on care than the chiropractor. The profession must vigorously retain this leadership role in the management of biomechanical distortions of the spine (subluxations) and their relationship to health, well being and primary function. The competition is at our heels.

The profession must begin to pursue more in-depth study into such areas as biomechanics, engineering principles, bio-instrumentation, the rheology of soft and hard tissue and the fundamental properties of nervous system structure and function and how it is affected by subluxation.

A systematic study of the effects of the presence and reduction of subluxation in humans must be undertaken. We must become the undisputed experts on the epidemiology of subluxation and its reduction.

A systematic study of the various techniques employed in the practice of chiropractic must be undertaken to determine the most efficacious procedures. However, some agreement must occur within the profession as to what our goals are as a profession regarding the purpose of chiropractic intervention, otherwise these efforts will be halfhearted, poorly funded and no one will know about them.

The colleges and profession must do more than just place increased emphasis on research. Research must become part of the culture of the educational process that leads to a DC degree. Our students must be exposed to scholarly activities right down to its simplest aspects like critical and skeptical thinking, writing, and comprehension skills. We need to actively encourage scholarly activity in our students and demand it from our instructors. Students with a penchant for research related activities should be identified and actively recruited by our schools and then channeled into programs that will allow them to utilize their talents and love for chiropractic.

The profession and colleges must be willing to reward those researchers who sacrifice their time and resources to study what we do and it's effects. We as a profession must be able to afford to attract the best and brightest researchers to our profession and we must seek out those researchers who couple their love for research with a love and dedication to subluxation-based chiropractic. Rockefeller's penchant to find the most knowledgeable and creative researchers should serve as an example for us. A Nobel Prize going to a chiropractor? Why not?

The research performed should be chiropractic in nature, meaning it should focus first and foremost on the effects of subluxation on health and the effects of subluxation reduction on health. This should include all aspects of health, remembering that chiropractic has a narrow scope with broad body implications. With so many varied health care disciplines moving toward manipulation as a treatment choice, chiropractic must not cling to a role as a conservative musculoskeletal profession, while we should not ignore this role either. What if we had assessed the changes in subluxation itself, along with the changes in the symptomatic picture, in all those studies of manipulation on low back pain? What if we had started researching the effects of subluxation reduction on immune function 30 or 40 years ago?

The impact of teaching primary care and allied health personnel manipulation in the private practice setting must be seriously understood by the profession. By it's own authority, chiropractic must define the standard by which all other practitioners who wish to apply similar principles must follow and the only way this will happen is through the mature decision to accept responsibility for the stewardship we were given.

We need to accept this responsibility as individual practitioners and we need to accept it collectively as a group. Our associations and especially our colleges must devote their scarce resources to this endeavor. We must become our own Rockefellers. When you write a check to your alma mater, designate that money toward research.

Become cognizant of those groups and organizations that actually support and perform research that furthers our profession. As opposed to research that is "manipulation" based since this is research that benefits our competitors, not us. Our competitors have the infusion of billions of dollars of research money being poured into their coffers every year. Why would we want to do their work for them? Consider what we're up against:

➤ In 1995 alone the U.S. Government via the NIH gave $3,349,393,193.00 to 25 research oriented medical schools. Nearly three and a half billion dollars! That's about equal to the combined income of ALL chiropractors for the entire year.

➤ The Federal Government of the United States subsidizes the training of medical residents to the tune of nearly 7 billion dollars a year. In 1998 2.2 billion dollars was given for teaching and another 4.1 billion dollars was doled out for treatment provided in teaching hospitals. The Beth Israel Medical Center in Manhattan alone received $57,010.00 a year for each resident it trained! How much does each chiropractic college get to train its interns?

The point is that we are a very small fish in a very big pond and we need to get aggressive when it comes to research in our profession. I am proud to be a part of the Journal of Vertebral Subluxation Research and its contribution to chiropractic research and while I am trying to do my part to advance the cause of chiropractic research by rolling up my sleeves and getting to work at it, I have to admit I'm also praying for a Rockefeller to come our way. In the meantime, why don't you join me by rolling up your sleeves and getting involved?

References

1. Winkler.: In John D.: A Portrait in Oils. p. 23